

Self-Hypnosis Training and Captivity Survival

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In February and March, 1973, 566 U.S. military prisoners (POWs) were released from North Vietnam. These men had been POWs for a period of time between 2 months and 9 years, with a mean incarceration of 4.44 years. They had faced physical and psychological stress similar to that experienced by POWs from previous wars: starvation, disease, inadequate shelter, lack of medical care, interrogations and torture (Deaton, Burge, Richlin & Latrownik, 1977; Mitchell, 1991). By definition, such prison conditions constituted a traumatic experience (Deaton et al., 1977). However, a unique stress for our POWs in North Vietnam was the additional trauma of solitary confinement. This paper reviews the coping and "time killing" activities of U.S. Navy Vietnam POWs who experienced solitary confinement and tortuous interrogation. This paper also reports the physical and psychological adjustment of our POWs following their release from captivity. Suggestions are made regarding the revision of the curriculum for captivity survival training programs such as Survival, Evasion, Resistance, and Escape (SERE) school.

Confinement, Coping and Readjustment of U.S. Navy Vietnam POWs

To study the effects and responses to solitary confinement, 138 Navy aviation officers, who were held in solitary confinement in North Vietnam, were asked to complete questionnaires to assess coping or "time killing activities" (Deaton et al., 1977). Their findings indicated that these Returned Prisoners of War (RPWs) were able to psychologically survive captivity by participating in a number of daily coping activities

which Deaton and his colleagues divided into four categories: (1) captor-captive relationships; (2) reliving the past; (3) repetitive behaviors and (4) self-development activities (see Table 1). Interestingly, by the end of the fourth week of captivity, the first three categories were being used by over 60% of the RPWs. The usefulness of each coping activity also increased over time (Deaton et al., 1977). The ten (10) most frequently utilized coping activities were: communication, thinking about the future, physical exercise, observation of captor's behavior, pacing in cell, mental exercise, reliving past events, humor, fantasy/day-dream and reliving family events.

Many of these coping activities would have involved the production or accessing of an altered state of consciousness which Kroger (1977, p. 143-144) defined as a "state of cortical and visceral arousal (with) a loss of distinctiveness in spatial orientation and vivid perceptual imagery with condensation of imagined persons and events are correlated of both dreams and the ecstasy

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Table 1
**Mean, Standard Deviation, and Factor Loading of
 Coping Activities in Ranked Order of Usefulness (1)**

<i>Coping activity</i>	<i>Usefulness</i>		<i>Factors^a</i>			
	<i>Mean</i>	<i>S.D.</i>	<i>F₁</i>	<i>F₂</i>	<i>F₃</i>	<i>F₄</i>
Communication	4.58	.88	.5583	.0649	.0351	.1224
Thinking about future	4.50	.76	-.0348	.1169	-.0814	.3405
Physical exercise	4.29	1.06	.3534	.0093	.1404	.1724
Observation of captor's behavior	4.11	1.03	.6206	.1152	.0609	.0738
Pacing in cell	4.06	1.07	.0721	.0353	.4226	-.0236
Mental exercise	3.94	1.16	.3974	.0158	.4124	.1625
Reliving past events	3.93	1.14	.1304	.8788	.0397	.1568
Humor	3.90	1.30	.5042	.2508	.1489	.2914
Fantasy/daydream	3.82	1.25	-.1626	.1694	.0942	.0919
Reliving family events	3.81	1.14	.1588	.8821	.0857	.0701
Sleep	3.74	1.15	.0249	.1923	.1322	.0706
Memory bank function	3.64	1.15	.4509	.0822	.4456	-.0939
Matching wits with captor	3.61	1.33	.6615	.1616	-.0577	-.0793
Health/hygiene	3.56	1.23	.2605	-.0107	.3399	.0530
Inventing some object	3.54	1.41	.1749	-.0321	.0577	.5292
Making up cover stories	3.52	1.14	.5179	.1136	.2377	-.0533
Learning new skills	3.46	1.32	.3244	-.0133	.1627	.5675
Memorizing stories, etc.	3.33	1.34	.3733	.1882	.2596	.4375
Mental diary	3.32	1.17	.2310	.0507	.5719	-.1816
Planning escape	3.30	1.31	.4945	-.0978	.1014	.0352
Religious activity	3.24	1.41	.1698	.1706	.1981	.0458
Watching insects	3.23	1.17	.0853	.1846	.3945	.2240
Ritualistic activity	2.95	1.34	.0097	.0900	.5858	.1088
Games	2.92	1.46	.2888	.2238	.3111	.3898
Worry about family	2.54	1.28	.0455	.2588	.0966	-.1975
Talking to self	2.26	1.21	-.0825	.1382	.5535	-.0354
Thinking about suicide	1.21	.51	.2091	-.0388	.0684	-.3147

Note: Items used to define the factors (loadings .35) are italicized. ^a - Factor labels: (F₁) Captor-Captive Relationships; (F₂) Reliving the Past; (F₃) Repetitive Behavior; (F₄) Self-development Activity.

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state ... time sense is distorted, expanded, or concentrated, and in some cases, abolished." Of interest, physical exercise, the third most successful solitary confinement coping activity, contributed not only to "killing of time" and maintenance of strength and physical stamina but also facilitated adaptation to captivity and health following release from captivity (Deaton et al., 1977). The one hour daily exercise protocols that RPWs reported they engaged in during captivity were actually found to take approximately four hours following their release (Rahe & Genender, 1983). This would suggest that time distortion (production of an altered state of consciousness) was a component of these POW exercise protocols while in captivity.

In addition to those coping activities described by Deaton et al. (1977), three captivity coping objectives have been identified: survival, maintenance of self-esteem and recovery from captivity (Rahe & Genender, 1983; Richlin et al., 1980; Rahe, undated). The utilization of these coping objectives were related to a model of "adaptation to" and "recovery from" captivity which emphasizes a "stage" approach. Stages of adaptation begin minutes following captivity and continue through the final stage of gradual readjustment and recovery which may extend from the first months to years following release. (See Table 2.) This captivity adaptation process was also composed of a number of coping activities which included: (1) control of panic; (2) emotional control; (3) maintenance of self respect; (4) group organization; (5) will to survive; (6) group activities; (7) communication; (8) use of humor; (9) pain management techniques; (10) constructive "out of body experiences;" (11) psychological disassociation; (12) use of intellect; (13) developing new knowledge; (14) living each day to the fullest; and (15) involvement in creative tasks (Rahe & Genender,

1983; Rahe, undated).

Many of the solitary confinement coping activities described by Deaton et al. (1977), and the adaptation to captivity activities described by Rahe & Genender (1983) and Richlin et al. (1980) overlap. Such coping/adaptation activities are comprised of mental exercise or discipline, daydreaming, psychological disassociation or the product of an increase in an altered state of consciousness activity. The interrelationships of dissociation, altered states of consciousness and RPWs' coping/adaptation activities appear evident when considering Kroger's description of dissociation as the "inherent ability of a hypnotized subject to detach himself from his immediate environment" (1977, p. 15), and the definition of psychological dissociation as "an unconsciousness process by which a group of mental processes is separated from the rest of the thinking processes, resulting in an independent functioning of these processes and a loss of the usual relationships" (Stedman's Medical Dictionary, 1990, p. 458).

Additionally, with dissociation and the production of altered states of consciousness being discernable outcomes of the self-hypnosis state (Kroger, 1977; Hilgaard & Hilgaard, 1975; Hartland, 1977; Crasilneck and Hall, 1985), learning self-hypnosis would be one of the paramount interventions to assist an individual's further developing his/her ability to access mental exercise or discipline, daydreaming, psychological dissociation and/or altered states of consciousness. Similarly, the positive inter-relationship between physical exercise, enhanced physical performance and self-hypnosis has also been extensively discussed (Liggett & Hamada, 1993; Howard & Reardon, 1986; Pratt and Korn, 1986, p. 337 - 342; and Singer & Switzer, 1980). Hence, it is intriguing to speculate how

Table 2
Stages of Adaptation to Captivity and Recovery from Captivity (1)

Stages of Adaptation to Captivity

Stage I:	Startle/Panic (first seconds to minutes)
Stage II:	Disbelief (first minutes to hours)
Stage III:	Hypervigilance (first hours to days)
Stage IV:	Resistance/Compliance (first days to weeks)
Stage V:	Depression (first weeks to months)
Stage VI:	Gradual Acceptance (first months to years)

Stages of Recovery from Captivity

Stage I:	Brief Euphoria (first seconds to minutes)
Stage II:	Hyperarousal (first minutes to hours)
Stage III:	Compliance/Resistance (first hours to days)
Stage IV:	Denial (first days to weeks)
Stage V:	Restitution (first weeks to months)
Stage VI:	Gradual Readjustment (first months to years)

(1) Adapted from Rahe and Genender (2)

future POW exercise protocols, and other captivity survival activities, might be enhanced when combined with specific training (i.e., self-hypnosis instruction) designed to foster positive skills to access altered states of consciousness.

The importance of involvement with fantasy, daydreaming and "time killing activities" or the importance of a "controlled fantasy life" and "entertainment with fantasy" was also documented by activities engaged in by World War II POWs and crew members of the U.S.S. *Pueblo* (Deaton et al. 1977). The focus during captivity for U.S. Navy Vietnam POWs was on dealing with boredom, loneliness and isolation (Deaton et al., 1977; Goddermote, 1987; Wood, Farley, Sexton & Hegdahl, 1987; Coffee, 1990) Vietnam POWs, as one method of adaptation to captivity, geared their life

"down to a lower level and started living from one event to the next event, thereby allowing day to day activities to be more tolerable and even interesting" (Wood et al., 1987). Hence, many POWs made "everything into an event. Eating was an event, sleeping was an event, communication was one of the best events. Making a deck of cards out of toilet paper was an event, but it was also a criminal act" (Wood et al., 1987).

Another big "event" was memorizing and organizing information. POWs memorized each other's names, using a variety of memory techniques. One Navy POW was able to remember over 200 names of fellow POWs, and he was able to provide these names to his superiors following his early release from North Vietnam in 1969 (Wood et al., 1987).

Many of the "time-killing" activities uti-

lized by Navy Vietnam POWs were self-initiated (Deaton et al., 1977) and others were taught to them during a captivity survival training program (Survival, Evasion, Resistance and Escape Training - SERE) prior to their Vietnam deployment. Rahe & Genender (1983) concluded that this training contributed to the lowered Vietnam POWs mortality rate as compared to the mortality rate for Korean War POWs: 15% vs. 30%. However, the lowered Vietnam POWs mortality rate was even more impressive, when considering the following: (1) the 15% Vietnam POW mortality rate is "accurate," but may be misleading because the actual POW death rate was 5% in North Vietnam and 21% in the South; (2) the "accepted Korean War POW death rate was 38%" (Baggett, 1995).

Additionally, the duration of morbidity following the return of Vietnam POWs was just 8 years, as compared to 25 years for returned Korean War POWs (Rahe & Genender, 1983). "These striking differences in mortality and morbidity suggest real benefits resulting from survival training in stress tolerance techniques" (Rahe & Genender, 1977, p. 583). Alternatively and importantly, Rahe and Genender (1983) believed that full physical and psychological readjustment for the Vietnam RPW may be a gradual process that may take a decade or more, or the RPW may never be free from the psychological scars of captivity.

Dissociation and Coping with Interrogation

One of the cognitive results of not only exercise, but also other captivity coping activities, including "getting ready for torture," was dissociation; coping methods employed by Navy Vietnam POWs during tortuous interrogation often differed from

those used during "cell time" (Wood et al., 1987). Hence, the use of a dissociation process, as a psychological defense mechanism, to assist with surviving interrogation and torture needs to be different than that dissociative process utilized during cell time.

Of key importance to the process of dissociation is that only a group of mental processes is separated. The captive must maintain keen awareness of the interrogator's maneuvers and purpose during an interrogation. A lack of attentional focus by the captive could yield a response which is damaging to him/her, our government, or fellow prisoners. A parallel might be drawn to (trance-induced) accidental responses by parachutists. As noted by Cancio (1991), "trance, when unconsciously evoked during emergencies (spontaneous dissociation), may account for some parachuting accidents."

Interrogators are often highly trained individuals, expertly skilled at "tripping-up" the captive. The good-cop/bad-cop approach may be difficult to discern. The interrogator's questioning methods tease out the truth in an Ericksonian style of confusing their subject. Their skill at reading "between the lines" and reading emotions is second to none. Navy Vietnam POWs used the mnemonic "HOTSU" to remind themselves that "He's Out To Screw You." It was some RPWs' experience, that if their interrogators felt that they were not paying attention to the interrogation process, "they got very angry," oftentimes inflicting increased pain "to get your attention" (Wood et al., 1987). Here, dissociation, "leaving" the immediacy of the interaction in a captive-interrogator situation, was not or may not have been functional, and may have contributed to more frequent and severe

incidents of persuasive coercion. It is our opinion, that one's "being there in the situation" is the most productive route to take during tortuous interrogation. That is, it may be essential not to fully dissociate, but to utilize a variety of techniques to resist interrogation. It was reported by one RPW, that if he was able to utilize prayer for five minutes prior to torture starting, he was more able to tolerate his torture situation (Fellows, 1993).

During torture, it is expected that part of the captive's awareness would "separate" from his or her thinking processes, especially that part responsible for the evaluation of pain. The captive should expect that dissociation will naturally occur as a result of the fatigue, pain, loneliness and humiliation of torture. However, we must re-emphasize that some focused awareness of the captor must be maintained.

The high-risk-of-capture individual would better survive captivity if trained in dissociation techniques, the realities of captivity, and how to think about captivity. As noted by Rahe (undated), one must have "mental flexibility" if they are to survive captivity. If the captive holds onto the rigid expectation that he or she will not break under tortuous interrogation, they are more likely to do so. The analogy of how a palm tree, as opposed to an oak tree, would resist the pressures of hurricane force winds, is applicable here. The oak would rigidly resist the pressure until it snaps or is uprooted, while the palm would give way to the pressure, so that it could spring upright when the pressure subsides. The captive must remain mindful of the reality that there is no such thing as 100% resistance to extreme torture. They must also believe that their sacrifices are meaningful and that there is a purpose to their role as a captive.

Hypnosis in the Military and Beyond

The history of hypnosis has followed a pendulum course over the past 200 years, and the up-swing of the pendulum has typically been associated with the utilization of hypnosis to treat military personnel traumatized by combat during World War I, World War II, the Korean Conflict (Greenson, 1945; Albert, Carbone & Brooks, 1946; Jones, 1946; Dane & Whittaker, 1952; Eastabrooks, 1957; Wolberg, 1971; Silver & Kelly, 1985). Hypnosis has been identified as "one of the most effective agents in the therapy of traumatic (combat) neurosis, and was utilized to treat sleep disturbance, and feelings of helplessness and tension and to affect symptom removal" (Wolberg, 1971, V. 1, p. 260). Hypnotherapy was found to help increase an individual's sense of control and mastery, and to uncover sources of extreme anxiety. Recovery from amnesic states, and the relieving of the trauma associated with combat activity were also facilitated by hypnotherapy (Wolberg, 1971, V. 1, p. 270).

Preventively, Wolberg commented that the "knowledge of the dynamics of war neurosis made certain preventive measures possible in World War II" military training environments. He noted that where the "soldier had to have effective training that made him feel he could defend himself under all circumstances, where he was shown that he had adequate weapons of attack, where he had confidence in his leaders, and where he had obtained sufficient indoctrination and morale building, he was best prepared to resist a breakdown." Cooperation with others was stressed as was

membership with the team (Wolberg, 1971, vol. 1, p. 265-266).

Estabrooks (1957) discussed the preventative treatment of traumatic syndrome with hypnosis. In 1957 he recommended that all Air Force pilots be trained in self-hypnosis to reduce the possibility of the appearance of traumatic neuroses related to combat and/or capture. He stated that a self-hypnosis training program could help to reduce the dangers of brainwashing, could step up motivation and increase energy and determination, thereby increasing the performance of pilots who had become POWs.

In more recent research, hypnotic treatment with Vietnam combat veterans experiencing PTSD, or combat-delayed stress response syndrome, has been extensively discussed (Brende & Benedict, 1980; Spiegel, 1981; Silver & Kelly, 1985; Spiegel & Cardena, 1990). By learning self-hypnosis techniques, combat veterans experiencing PTSD can be taught to restructure memories and to resolve those "traumatic memories and thereby reduce spontaneous, unbidden and intrusive recollections" (Spiegel & Cardena, 1990, p. 39). Hypnosis has been utilized in Navy hospitals to assist burn victims, chronic pain and surgery patients to better manage their difficulties with pain, anxiety and trauma (Jones, 1975; Crawford, Jones, Perisho & Herring, 1976; Wood, Weisner & Reiter, 1990; Manusov & Murry, 1992; Wood & Hirschberg, 1994). Additionally, self-hypnosis training has been utilized to assess the adaptiveness of thermogenic responses in Navy divers during cold water immersion (Mittleman, Doubt & Gravitz, 1992).

The utilization of self-hypnotic phenomenon has allowed civilian captives of terrorists to successfully survive captivity and coercive experiences without de-

veloping PTSD (Balston, Dempster & Brooks, 1984). Lastly, self-hypnosis training has been employed to improve individuals' stress (Soskis, Orne & Dinges, 1989; Cancio, 1991; Forbes & Pekala, 1993), anxiety (Crasilneck & Hall, 1985; Smith, 1990; Gilbertson & Kemp, 1992), and pain (Cheek & LeCron, 1968; Hilgard & Hilgard, 1975; Crasilneck & Hall, 1985; Pratt et al., 1988; Spinhoven & Lissen, 1989; Zitman, VanDyck, Spinhoven & Lissen, 1992; Patterson, 1992) management skills, and to enhance performance, memory and immune system functioning (Cheek & LeCron, 1968; Howard & Reardon, 1986; Kiecolt-Glasser & Glasser, 1992; Schreiber, 1992; Liggett & Hamada, 1993; McNeil & Frederick, 1993).

Conclusions

To help future POWs better survive captivity, Deaton, et al. (1977) proposed a training program to teach pre-established communication codes, coping behaviors, and the nature of captive-captor behaviors. Trainees are to be instructed that these coping behaviors do produce positive individual effects during captivity. Further, training should take place within the context of a formal military survival training program. Since most of the adaptive behaviors utilized by the POWs in solitary confinement were self-initiated however, Deaton et al. (1977) believed that a military survival training program need not teach specific individual coping behaviors (Deaton et al., 1977).

However, Navy Vietnam POW research has suggested that the ability to maintain one's identity and a group identity form the platform for emotional stability and enhanced survivability during captivity. Clinical research and experience have both

indicated that performance and enhanced psychological functioning, including maintenance of one's identity, can be facilitated through self-hypnosis training. Self-hypnosis mastery can provide a cognitive structure through which a POW may further organize mental activities and other skills, which comprise some of the basic captivity survival or "time-killing" activities identified.

The ability to engage in a variety of "time-killing" activities (i.e., including reliving past events, thinking about the future, reliving family events, fantasy/daydreaming, physical exercise and "getting ready for torture") was integral to the Navy Vietnam POW physically and psychologically surviving captivity. Interventions which would contribute to an enhancement of these coping abilities deserve further consideration. We believe that self-hypnosis training is one such intervention. This training is appropriate for both military and civilian captivity survival training programs based on current documentation showing that self-hypnosis training can enhance physical and mental health, can improve physical and physical performances, was recommended for training with Air Force pilots to help them reduce the ravages of "brainwashing" and has been utilized to prevent and treat "war neurosis."

Self-hypnosis instruction during military survival training, in courses like SERE, could measurably contribute to an enhanced level of adaptation to captivity by teaching a variety of tools such as effective dissociation, ego enhancing, stress coping and anxiety and pain reduction techniques. A brief model of self-hypnosis training would involve approximately eight to ten hours

of didactic and experiential work. Such a training strategy would be designed to not only teach confidence in the utilization of self-hypnotic techniques, but to enable an individual, should they become a captive, to teach self-hypnosis to other captives. This training might include: (1) trance-acquisition and trance-deepening techniques; (2) strategies to enhance imagery, and maximize exercise, communication and sleep; (3) anxiety, panic and depression-reducing skills; (4) techniques of pain management; and (5) techniques of memory enhancement (Hartland, 1977; Crasilneck & Hall, 1985; Pratt et al., 1988).

Training should also be focused on providing the trainee with the ability to create and control "events." Ego strengthening techniques should be taught to further enable the trainee to manage his or her incredible sense of expected loneliness and isolation during captivity and/or solitary confinement. Self-hypnosis training participants would utilize "in vivo" experiences, practicing the utilization of hypnotic techniques in a variety of simulated applications appropriate to the captivity situation.

We believe that self-hypnosis training could be incorporated into existing military captivity training programs and such a program incorporation deserves strong consideration. We further believe that self-hypnosis training would greatly complement the goals of a number of existing military captivity training programs which are designed to reduce mortality and morbidity. These techniques could be taught with relative ease by skilled clinicians who possess a broad experience with hypnosis, hypnotic training and military psychology/psychiatry.

The opinions expressed herein are those of the authors and do not necessarily reflect the position of the Department of the Navy.

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Ronald J. Pekala, *Coatsville VA Medical Center*

Elizabeth J. Forbes, *Thomas Jefferson University*

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